:	PATENT A	PPLICATIO	RÔ										
Effective January 1, 2003									1676610				
		CLARS AS	(Column 1)		(Column 2)		SEA	Æ C		OR	OTHER SMALL		
FOTAL CLAMS			.S				P	ATE	FEE	1	RATE	PEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	sic pee	375.00	OR	Basic Fee	750.00	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		. 0		<u> [</u>	\$ 9=		OR	X\$18=	٠	
INDEPENDENT CLAIMS			minus 3 =		<i>\$</i>		5	(42=		OR	X84=	·	
MULTIPLE DEPENDENT CLAIM P			RESENT		' D .		1.	140=		OR	+280=	·	
			less than zero, enter "0" in column 2					DTAL		OR	TOTAL	750	
7	-18-05°	LAIMS AS A	MEND		MALL	ENTITY	OR.	OTHER SMALL					
		CLAIMS		HIGH		(Column 3)			ADDI	Ī		ADDI:	
AMENDIMENT A		REMAINING AFTER AMENDMENT	:	NUM PREVI PAID	BUSLY	PRESENT EXTRA	F	MTE	TIONAL FEE	. '	RATE	TIONAL FEE	
MON	Total	· 10	Minus	- 2	0	1	•	\$ 9=		OR	X\$18=		
3	Independent	• }	Minus	***	<u>8</u>	- >	,	(42=		OR	X84=		
	FIRST PRESE	SENTATION OF MULTIPLE DEPENDENT CLAIM					1	140=	:,	OR	+280=		
١.,	18/0	<1		•			<u></u>	TOTAL		OR	TOTAL ADDIT, FEE		
0	11.000	(Colemn'1)	(Column 2) (Column 3)				_			•			
ENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 5	Minus		<u> 30</u>	•	Ż	39=		OR	X318=		
¥	Independent	NTATION OF M	Minus	SOO NEEDENDEAD	<u> </u>		,	(42=		OR	X84=		
┞	I FIRST PRESE		JUITCE		CCPUM	 -	' [·	1400		OR	≠280=		
	2/1/2	_					ADE	YOYAL NT. FEE		OR	ADDIT, FEE		
$oxed{oldsymbol{ol}}}}}}}}}}}}}}}}}}$	48 0	(Column 1)		(Colu	mn 2)	(Column 3)	_			-			
ENTC		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	\ \[\ \ \ \ \ \ \ \ \ \ \ \ \	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
-AMENDME	Total	· 3	Minus	• 6	20	.0		3-9 2-		OR	XBIBS		
Į.	Independent	• 3	Minus		3	• @	15	42-		OR	100 104=	1	
٢	FIRST PRESE	NTATION OF M	ULTIPLE	DEPENDEN	TCLAIM		 -					 	
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.								140=		OR	+280=	<u> </u>	
**	If the Tilghest Nu	inter Previously P	ud For iN	THIS SPACE	is less the	n 20, erder '20.	ADE	TOTAL IT. FEE		OR	ADDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
EMO		202 113.0				-44	Desired of	ad 77 ada	mark Office, U	S OF	DISTRICT O	COUNTRA	